

House Republican Press Release

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Rep. Boucher Offers Info on Medicare Part D



State Rep. Toni Boucher, R-143rd, Wilton, Norwalk, announced that helpful information is available at the federal and state level for seniors examining their options under the federal government's new Medicare prescription drug program.

A federal online website, she noted, allows people to input each drug they use and quickly receive a suggested plan that best matches their needs. "Many people have used this federal Medicare tool," said Rep. Boucher, "and have found this to be the most effective method of determining the best pharmaceutical plan for them."

Federal information is available on the internet at Medicare.com or by calling the Medicare hotline at 1-800-Medicare.

"The federal Medicare hotline or website should be the first line of contact," said Rep. Boucher. "If people still receive no satisfaction, they can also go to the state or local social service agencies."

She noted that Connecticut residents also can obtain help through the CHOICES program at 1-800-994-9422 to speak to a counselor at the Area Agency on Aging serving our part of the state.

CHOICES counselors are trained and certified to assist with Medicare issues and concerns. They can also help with comparing and enrolling in a Medicare prescription drug plan and getting Extra Help to pay for your premiums, deductibles and co-pays. CHOICES stands for Connecticut Healthy Insurance Assistance, Outreach, Information and Referral, Counseling and Eligibility Screening.

Printed background information also is available by calling Rep. Boucher's office at 1-800-842-1423.

Rep. Boucher's office can supply printed information compiled by state agencies describing how the federal plan works and how it affects low-income seniors who may be receiving state health care assistance or who belong to the Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE) plan.

The information includes a five step checklist for persons deciding on one of the Medicare Part D options. They are:

Step 1. Make a list of all the drugs you take now and how much you pay. Look at the dosage you take and the quantity you get.

Step 2. If you have existing prescription insurance, find out if it is “creditable.” (As good as Medicare.) Your insurance company must send you this information.

Step 3. If costs are a major concern, find out if you qualify for Extra Help. If you do, you will save money on premiums, deductibles and co-pays. If you have Medicaid (Title 19) or a Medicare Savings Program (QMB, SLMB or ALMB), you automatically qualify for Extra Help.

Step 4. Think about what’s most important to you in a prescription drug plan. Rank them in order of importance. E.g., can you take generic drugs or do you need brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take very few medications now? If so, a less expensive plan with a higher deductible may be adequate. If you take a lot of medications, you may want to narrow your search to the plans that pay for drugs during the coverage gap.

Step 5. Finally, ask a lot of questions to find the best plan for your needs. Here are some things to think about:

How much is the monthly premium? Premiums in Connecticut range from \$0 to about \$65 per month.

Is there an annual deductible? How much is it?

Does the plan cover the drugs you take now?

What “tier” are your drugs on the different plans? (This refers to different co-pays and co-insurance level for different drugs. E.g., Tier 1 (generic drugs), Tier 2 (preferred brand drugs), Tier 3 (non-preferred brand drugs) and Tier 4 (specialty drugs, like injectibles.) If two plans cover the same drug but one plan places it at Tier 1 and another at Tier 3, there may be a significant difference in drug cost.

Are there prior authorization requirements for certain drugs?

Is “step-therapy” required? (The requirement that you must try certain drugs first before you can get the medication prescribed by a doctor.)

Is there a “transition” period? (Allowing the temporary usage of drugs that are not on the plan’s formulary, or preferred list.)

Is there a gap in coverage?

Is the plan convenient? Is it accepted at the pharmacy you use? Does it offer mail order?

Does the plan also offer hospital and medical coverage? (If this is important to you.)

What's the plan's "exception" process if you are denied a particular drug?

Rep. Boucher said officials urge people to look for the combination of factors that means the most to you. A less expensive plan may be perfectly adequate. Or, in your particular situation, a more expensive plan may be well worth the additional premium dollars.

Rep. Boucher serves the 143rd Assembly District of Wilton and Norwalk in the state House of Representatives.